

NEW PATIENT FORM

**Complete, sign and date form.
 Return prior to appointment
 Fax: 1-610-915-5326 or
 Email: Linda@AnimalFixer.com**

Owner's Name _____

Address _____ City _____ St _____ Zip _____

Home Phone # _____ Cell# _____ Work# _____

Fax _____ Email _____

Pet's Name _____ Dog _____ Cat _____ Breed _____

Age _____ Sex _____ Spayed/Neutered _____ Yes _____ No _____ Color _____

What food are you feeding your pet? _____

Is your pet current on vaccinations _____ Known drug allergies _____

What is the goal for your pet? _____

Does your pet have a history of seizures? _____ Yes _____ No If yes, medication prescribed? _____

Medications your pet is currently taking _____

Veterinarian _____ Clinic _____

Specialist (If applicable) _____ Clinic _____

What is the reason for your visit? _____

Have you had Acupuncture? _____ Yes _____ No If yes, who is your Acupuncturist? _____

How did you hear about us? _____

YES, I authorize Houston Animal Acupuncture & Herbs to diagnose, prescribe, perform therapeutic procedures, that their judgment may dictate to be advisable for the patients well being. No warranty or guarantee has been made as to the result or cure. I understand holistic medicine, including acupuncture, herbal medications, and chiropractic care are considered by Texas law to be alternative therapies in the practice of veterinary medicine. I understand acupuncture balances the body's own system of healing. Side effects are rare, but occasionally an animal's condition may deteriorate briefly before improving. Insertion of the needles is virtually painless; however a moment of sensitivity may be experienced in tender areas. Once the needles are in place, most animals become relaxed and may even fall asleep during the treatment. Acupuncture is tolerated well by patients. Occasionally patients may be tired for several days after treatment. I understand veterinary acupuncture and herbal therapies are complementary medical alternative treatments. I acknowledge my family veterinarian, as the primary and emergency care provider, is responsible for all testing, i.e., radiography, blood work, etc., and provides western medicine protocols. I understand HAAH is an all referral veterinary practice. I authorize Dr. Rachel Addleman, DVM, DABVP, CVA and HAAH to discuss my pet's medical history and treatment protocols with my family veterinarian. I hereby authorize Dr. Rachel Addleman, DVM, DABVP, CVA, HAAH and assistants to examine and/or perform procedures they deem necessary for my animals. I acknowledge and understand that there are risks involved in handling animals and in their medical treatment. I will not hold Dr. Rachel Addleman, DVM, DABVP, CVA, HAAH or assistants responsible in the event my animal bites or injures me during an examination. I further acknowledge that there is no guarantee as to the result of any treatment made by Dr. Rachel Addleman, DVM, DABVP, CVA, HAAH or assistants. I agree to hold Dr. Rachel Addleman, DVM, DABVP, CVA, HAAH, and all associates, harmless in the event of unforeseen incidents /while my animal is under the care of HAAH. I understand and agree that HAAH does not accept or assume liability for accident, escape, injury or death of my animal at any time. I am the legal owner or the representative of the legal owner of the animals I present for diagnosis and treatment. I am over the age of 18 years. I understand HAAH requires payment in full at the time services are rendered. Payment may be MasterCard, Visa, Discover, cash or check. I understand that if my animals are covered by medical/surgical insurance it is my responsibility to notify the insurance agent or adjuster of any illness, injury, or anticipated procedure that may affect that coverage. HAAH requires payment in full at the time services are rendered. (The insurance carried for animals is handled differently than human medical insurance. Clients are reimbursed by the insurance companies for monies paid to veterinarians for approved services.) Our office staff will be happy to assist in completing the required paperwork for your insurance reimbursement once your account with us is paid in full.

Client Signature _____

Date _____